

6/15/06

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-839)**

SERIAL NO.

APPLICANT

FILING DATE

09550686

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	1					
2						
3						
4		1				
6		1				
6						
7						
8	1					
9		1				
10		1				
11						
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49						
60						
TOTAL IND.	5					
TOTAL DEF.	11					
TOTAL	16					

	IND.		DEF.		IND.		DEF.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
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